

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____, 20 ____.

Name:		Court Name (if different):	
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)			
Street Address, Apt. Number:		Own or Rent?	Home Phone: Cellular Phone: Pager:
City, State, Zip Code:		Persons Living With You:	
Secondary Residence:		Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (if different):		E-Mail Address:	If yes, date moved: _____ Reason for Moving:
PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)			
Name, Address, Phone No. of Employer:		Name of Immediate Supervisor:	Is your employer aware of your criminal status: <input type="checkbox"/> Yes <input type="checkbox"/> No
		How many days of work did you miss? _____ Why?	
		Position Held:	Gross Wages: Normal Work Hours:
Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If changed jobs or terminated, state when and why:	
Were you <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART C: VEHICLES (List all vehicles owned or driven by you.)			
1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
PART D: MONTHLY FINANCIAL STATEMENT			
Net Earnings from Employment: (Attach Proof of Earnings)		Do you rent or have access to: a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Cash Inflows:		a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL MONTHLY CASH INFLOWS:		Name and Address of Location: Box No. or Space	
TOTAL MONTHLY CASH			
Do you have checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?	
Bank Name: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Account No.: _____ Balance _____		Bank Name: _____	
Do you have savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Account No.: _____ Balance: _____	
Bank Name: _____			
Account No.: _____ Balance _____			
Attach a complete listing of all other financial account information, if multiple accounts.			
List all expenditures over \$500 (including e.g., goods, services, or gambling losses)			
<u>Date</u>	<u>Amount</u>	<u>Method of Payment</u>	<u>Description of Item</u>

PART E: COMPLIANCE WITH CONDITIONS OF SUPERVISION DURING THE PAST MONTH

Were you questioned by any law enforcement officers?

☐ Yes ☐ No

If yes, date: _____

Agency: _____

Reason: _____

Were you arrested or named as a defendant in any criminal case?

☐ Yes ☐ No

If yes, when and where? _____

Charges: _____

Disposition: _____

(Attach copy of citation, receipt, charges, disposition, etc.)

Were any pending charges disposed of during the month?

☐ Yes ☐ No

If yes, date: _____

Court: _____

Disposition: _____

Was anyone in your household arrested or questioned by law enforcement?

☐ Yes ☐ No

If yes, whom? _____

Reason: _____

Disposition: _____

Do you have any contact with anyone having a criminal record?

☐ Yes ☐ No

If yes, whom? _____

Do you possess or have access to a firearm?

☐ Yes ☐ No

If yes, why? _____

Did you possess or use any illegal drugs?

☐ Yes ☐ No

If yes, type of drug: _____

Did you travel outside the district without permission?

☐ Yes ☐ No

If yes, when and where? _____

Do you have a special assessment, restitution, or fine?

☐ Yes ☐ No

If yes, amount paid during the month:

Special Assessment: _____

Restitution: _____

Fine: _____

NOTE: ALL PAYMENTS TO BE MADE BY MONEY ORDER (POSTAL OR BANK) OR CASHIER'S CHECK ONLY.

Do you have community service work to perform?

☐ Yes ☐ No

Number of hours completed this _____

Number of hours missed: _____

Balance of hours _____

Do you have drug, alcohol, or mental health aftercare?

☐ Yes ☐ No

If yes, did you miss any sessions during this month?

☐ Yes ☐ No

Did you fail to respond to phone recorder instructions?

☐ Yes ☐ No

If yes, why? _____

WARNING: ANY FALSE STATEMENTS MAY RESULT IN REVOCATION OF PROBATION, SUPERVISED RELEASE, OR PAROLE, IN ADDITION TO 5 YEARS IMPRISONMENT, A \$250,000 FINE, OR BOTH. (18 U.S.C. § 1001)

I CERTIFY THAT ALL INFORMATION FURNISHED IS COMPLETE AND CORRECT.

SIGNATURE _____

DATE _____

REMARKS:

G Pay Stubs Reviewed

Hours worked:

Last worked:

U.S. Probation Officer_____
Date

RECEIVED:

Mail_____
OC_____
HC_____
CC**RETURN TO:**Buffalo OfficeU.S. Probation Office
234 U.S. Courthouse
68 Court Street
Buffalo, NY 14202Rochester OfficeU.S. Probation Office
Room 111 Federal Building
100 State Street
Rochester, NY 14614*****THIS REPORT MUST BE RECEIVED BY THE 5TH OF EACH MONTH!*****